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PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION TRANSMITTAL

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Attorn	ey Docket No.	FUJI 18.487	Þ	
	nventor	K. TANONAKA	973	
Title TRANSMISSION APPARATUS				
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(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. | EL522402415US Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or 1. X (Submit an original and a duplicate for fee processing Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) 24 [Total Pages Specification 3. 🗶 Computer Readable Form (CRF) ferred arrangement set forth below Descriptive title of the invention Specification Sequence Listing on: Cross Reference to Related Applications i. CD-ROM or CD-R (2 copies); or Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix Statements verifying identity of above copies Background of the Invention - Brief Summary of the Invention **ACCOMPANYING APPLICATION PARTS** - Brief Description of the Drawings (if filed) - Detailed Description 9. X Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure (when there is an assignee) Attorney 13 English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [Total Sheets Copies of IDS X Citations Information Disclosure 5. Oath or Declaration [Total Pages Statement (IDS)/PTO-1449 X **Preliminary Amendment** Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) Return Receipt Postcard (MPEP 503) 14. X (for continuation/divisional with Box 18 completed) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is daimed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Request and Certification under 35 U.S.C. 122 named in the prior application, see 37 CFR 16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35 1.63(d)(2) and 1.33(b). or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.:_ Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS 026304 Customer Number or Bar Code Label Correspondence address below (insert Customer No. or Attach bar code label here) Name Address State Zip Code City Country Fax Telephone Samson Helfgott Registration No. (Attorney/Agent) 23,072 Name (Print/Type) 3/20/01 Signature Date

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Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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Complete if Known					
Application Number					
Filing Date					
First Named Inventor	K. TANONAKA				
Examiner Name					
Group Art Unit					
Attorney Docket No.	FUЛ 18.487				

METHOD OF PAYMENT								FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge					3. Al	3. ADDITIONAL FEES								
••	indicated fees and credit any overpayments to:					Large Small Entity Entity								
	Acco	unt			08-1634		Fee	Fee	Fee	Entit Fee	y Fee Description	Fee Paid		
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	\Box	Applica	ınt dair	ns smali	entity status.		139	130	139	130	Non-English specification			
	풉	See 37					147	2,520	147	2,520	For filing a request for ex parte reexamination			
2.	X	Payr		Enclo	dit card Money	Other	112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
	ك	- INSUR			ALCULATION	Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
	D	210 =	_				115	110	215	55	Extension for reply within first month			
		SIC F					116	390	216	195	Extension for reply within second month			
	Fee	Fee	Fee	Fee	Fee Description	Fee Paid	117	890	217	445	Extension for reply within third month			
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	101	710	201	355 160	Utility filing fee	710	128	1,890	228	945	Extension for reply within fifth month			
	106 107	320 490	206	245	Design filing fee Plant filing fee		119	310	219	155	Notice of Appeal			
	107	710	207	245 355	Reissue filing fee		120	310	220	155	Filing a brief in support of an appeal			
	114	150	214	75	Provisional filling fee		121	270	221	135	Request for oral hearing			
	4	.50	- 1→			-10	138	1,510	138	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 710					140	110	240	55	Petition to revive - unavoidable					
2. EXTRA CLAIM FEES							141	1,240	241	620	Petition to revive - unintentional			
					Fee from Extra Claims below	Can Da	id 142	1,240	242	620	Utility issue fee (or reissue)			
Total Claims 11.00 -20** = X 18.00 = 0				143	440	243	220	Design issue fee						
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	.arge Fee	Entity Fee	Smal Fee	l Entit	y * Fee Description		126	180	126	180	Submission of Information Disclosure Stmt			
•	Code 103	(\$)	Code 203		Claims in excess of 20		581	40	581	40	Recording each patent assignment per property (times number of properties)	40		
	102		202	40	Independent claims in e	xcess of 3	146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))			
'	104	270	204	135	Multiple dependent clair	•	149	710	249	355	For each additional invention to be			
'	109	80	209	40	** Reissue independent over original patent	claims					examined (37 CFR § 1.129(b))	 		
	110	18	210	9	** Reissue claims in exc and over original pate		179	710	279	355	Request for Continued Examination (RCE)			
							169	900	169	900	Request for expedited examination of a design application	ļ		
SUBTOTAL (2) (\$) 0						0	Other	r fee (s	pecify)				
*for number previously paid, if greater; For Reissues, see above						s, see above	*Red	uced b	y Bas	ic Filing	Fee Paid SUBTOTAL (3) (\$) 40			
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SUBMITTED BY		/ //			Complete (if applicable)				
Name (PrintlType)	Sams	on Helfgor	ty My	Registration No. //Attorney/Agent)	23,072	Теlерһопе	212-643-5000		
Signature	M		7			Date	3/20/01		

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